

CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

★ JUN 07 2012 ★

LONG ISLAND OFFICE

Lauzon S. High 11004827

Full name of plaintiff/prisoner ID#

Plaintiff,

JURY TRIAL DEMAND

YES NO

-against-

NIASSAU County Police
Det. Angelo Basore
Shield # 93

Enter full names of defendants
[Make sure those listed above are
identical to those listed in Part III.]

Defendants.

CV-12 2888
FEUERSTEIN, J
LINDSAY, M.

I. Previous Lawsuits:

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No ()

B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs:

None

Defendants:

None

2. Court (if federal court, name the district;
if state court, name the county)

3. Docket Number: None

4. Name of the Judge to whom case was assigned: None

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)

~~_____~~

6. Approximate date of filing lawsuit:
~~_____~~

7. Approximate date of disposition:
~~_____~~

II. Place of Present Confinement:
~~_____~~

A. Is there a prisoner grievance procedure in this institution? Yes () No ()
~~_____~~

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes () No ()
~~_____~~

C. If your answer is YES,

1. What steps did you take?
~~_____~~
~~_____~~
~~_____~~

2. What was the result?
~~_____~~
~~_____~~

D. If your answer is NO, explain why not
~~_____~~
~~_____~~

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes () No ()
~~_____~~

F. If your answer is YES,

1. What steps did you take?
~~_____~~
~~_____~~
~~_____~~

2. What was the result?
~~_____~~

III. Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff Lawton S. High

Address 100 CARMAN Ave E. Meadow N.Y 11554

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served. Plaintiff must provide the address for each defendant named.

Defendant No. 1

Det. Angelo BARONE shield #
NASSAU COUNTY Police

Defendant No. 2

Defendant No. 3

Defendant No. 4

Defendant No. 5

[Make sure that the defendants listed above are identical to those listed in the caption on page 1].

IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper as necessary.)

ON 3/19/11 I WAS APPROACHED BY THE GARDEN CITY POLICE ON SUSPICION OF BURGLARY AND TRESPASSING WHILE WITH A FRIEND, AT SUCH TIME WE WERE LET GO. THE CARE TAKER OF THE HOME THAT WE ALLEGEDLY BROKE INTO ARRIVED ON THE SCENE AND SAID THERE WAS NO FALSE ENTRY OR DAMAGES, WE WERE THEN LET GO. ON JUNE 6, 2011 I WAS ARRESTED AND CHARGED WITH THE SAME CRIME THAT WE ALLEGEDLY COMMITTED ON 3/19/11. MY CONSTITUTIONAL RIGHTS ARE BEING VIOLATED = I DID NOT COMMIT A CRIME ON THE SAID DATE (UNLAWFUL IN PRISONMENT) (MALICIOUS PROSECUTION)

IV. A If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

I AM CLAIMING MENTAL ANGUISH FOR MY FALSE ARREST AND ILLEGAL DETENTION. I NO LONGER HAVE LOVE FOR MYSELF AND EVERY NIGHT WHEN I GO TO SLEEP I HAVE TERRIBLE NIGHTMARES. MEDICATION CANNOT HELP THIS PROBLEM.

V. Relief:

State what relief you are seeking if you prevail on your complaint.

I AM Hoping to be AWARDED \$100,000,000
FOR MY PAIN AND SUFFERING AND FOR THE
VIOLATION OF MY CONSTITUTIONAL RIGHTS.

I declare under penalty of perjury that on 6/4/12, I delivered this
(Date)
complaint to prison authorities to be mailed to the United States District Court for the Eastern
District of New York.

Signed this 4 day of June, 2012. I declare under penalty of
perjury that the foregoing is true and correct.

Santon & High
Signature of Plaintiff

NASSAU COUNTY JAIL
Name of Prison Facility

100 CARMAN AVE

E, Meadow N.Y. 11554

11004827

Address

1

Prisoner ID#